



EJVES EXTRA ABSTRACT[☆]

Lymphedema after Greater Saphenous Vein Surgery

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Three patients presented with swelling of the leg after surgical removal of the greater saphenous vein (GSV): two of them after stripping of the GSV for varicosity, and one after harvesting the GSV for coronary artery bypass graft (CABG) surgery. Lymphoscintigraphic examination of the affected leg revealed impaired lymphatic drainage. Two of the subjects showed an impaired lymphatic drainage in both legs, suggesting a pre-existing dysplastic lymphatic system. We discuss and review the cause of lymphedema after venous surgery.

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Persistent Sciatic Artery Associated with Arteriovenous Malformation of Lower Extremity in a Young Woman: A Case Report

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Persistent sciatic artery (PSA) is a rare anatomical abnormality commonly diagnosed as a consequence of atherosclerotic or aneurysmal degeneration, but it is seldom detected in young people, particularly in association with arteriovenous pathology of lower extremity.

Case report: A young woman presented with pain, edema and varicose veins. Diagnostic imaging (Duplex, MRA, CT scan and angiography) revealed a PSA with multiple branches establishing AV connections in pelvis and thigh. Subsequent coil embolization of the PSA was performed.

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Results: Pain relief and reduction of edema and varicose veins. Diagnostic imaging was decisive in detecting this abnormality.

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Hepatic Artery Aneurysm: A Rare Presentation as Painless Obstructive Jaundice

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We present a rare case of a Hepatic Artery Aneurysm (HAA) of the right hepatic artery in a 59 year-old man presenting with acute painless obstructive jaundice. Computed Tomography (CT) and mesenteric angiographic images are presented. HAA's, presenting with painless obstructive jaundice often have a poor prognosis and should be considered as a rare cause in unexplained cases of obstructive jaundice.

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Delayed Diagnosis of a Late Vascular Complication after Total Hip Replacement

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We present a patient that was admitted with acute distal embolization in the popliteal and infragenicular arteries one year after total hip replacement. The embolization was caused by a pseudoaneurysm formed after a piece of bone cement had eroded the arterial wall. CT angiography failed to diagnose the pseudoaneurysm and it was eventually diagnosed intraoperatively. To our knowledge this is only the second report on this complication.

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